To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S 0.10 of the Wisconsin Statutes

Return by Committee

	ection 12 of the Wisconsin Constitution and 5.9.10 of the V			Madison.
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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
Sarah Jane Voichick	Street 3922 Rymouth Ci	□ Town □ Village □ Town	11/6/20//	Email
Paral garellichick	chy Madison zho 53705	Madison (Municipality Name)	(Month) (Day) (Year)	(Email
Print Heather Hartwig Stokes	street: 205 Bacon St.	☐ Town Village City	11 /16/2011	Phone
Sign.	chyn Walmakle zapi 53597	Wayna Kee (Municipality Name)	(Month) (Day) (Year)	(Email
Print Valerie Kimbke	401 North Eaullaire Avenue	□ Town □ Village Xi City	// //6/20 <u>(/</u>	Phone
stem / Mm / hrmh	an Mailison zu 53705	Ma Vis Un (Municipality Name)	(Morsh) (Day) (Year)	(
Print Elic Landoness	Stroot 206 N Segoi Apt 84	☐ Town ☐ Village ☐ City	11/16/20 11	Email
sign 2 hul	an Madison zin 53705	Mach Sun (Municipality Name)	(Month) (Day) (Year)	Phone (
5. Print: ELENA SHORMAN	4630 EREGGRD	☐ Town ☐ Village St City	11/16/2011	Email
Sign Eleva Grernan	City MADISON Zip 53705	Manicipality Name)	(Month) (Day) (Year)	Phone (
: 10 K 1002'11	Certification of Circulator	01 11 -	- d' -	
I, Linda Brazi II (C)	certify): I reside at <u>5805 HMM ENS LUM</u> (Circulator's Residence – Street Name and Nu	mber) (Ctroulater Mun.		Circulators,

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder naı rec

med in this petition. I know that each	person signed the paper w	ath ratt knowledge of its content on the date indicated oppos	site his or her hame. I know their respective reskiences given, i support this
call petition. I am aware that falsifying	this certification is punis	hable under S.12.13(3)(a), Wis. Stats.	
11 / 16	/20 11	sindo Brazil	Page No. (Official Use Only)

(Month) (Day) (Year) (Signature of Circulator) #<u>185/</u>

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THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.	М
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CC
1. DANISH BRIOZOWSKI	Thelpod	Street: 4406 41MA 12 City: MAD 158M Zip: 5374	□ Town □ Village City MA-01 Son	L / //6/20 // (Month) (Day) (Year)	Email Phone
JOHN ALEX WHITE	AL KI	Street: 709 ANTHONY LN City: MADISON Zip: 5371	Town Village MADISON	(/ 1 6/20 11 (Month) (Day) (Year)	Email Phone
3. Rick Johnson	IL J	Street: 10 Aoschamp of City: Madisem WI zip: 53718	Town Village Hodisen	// // /20 <u>11</u> (Month) (Day) (Year)	Phone (
Mary Ann hynch	Mary an Lynch	Street: 4313 Tokay Blid. City: Madien Zip:53711	Town Village City Madison	/// /6/20_// (Month) (Day) (Year)	Phone (
5. THAME ZANKEY	A C	Street: 4814 HOLDAT OR City: MADISON Zip: 53711	Town Utillage Stry MAPISSH	(Month) (Day) (Year)	Email Phone
6. ESSICA NEUMANN	Jissue C Nem	Street: 4814 HOLIDAY DRIVE City: MADISON WI Zip: 53711	Town Village City MAOISON	11 /16/20 11 (Month) (Day) (Year)	Phone (
Kurt Jacobsen	Kent Jawsen	street: 906 Columbia Rd City: Madison Zip: 53705	Town Shorewood Styllage Hills	11 / 15/20 11 (Month) (Day) (Year)	Email Phone
8. Parbara A Tomarn Ke	Lorbara & Comarake	Madisin 71,53705	□ Town □ Village □ City Madison	///6/20 <u>i</u> (Month) (Day) (Year)	Phone (
Helen H Baldwig	Helen II Baldwin	street 59 58 My mouselle Civile	Town Village Scity Madison	// /16/20// (Month) (Day) (Year)	Phone (
10. Chris W Kauten	de ka	street: 653 N placout View Road # 104 City: Middle for Zip: 57562	Town Sillage middle for B Chy 2 madism	// //6 /20// (Year)	Phone (
	Certification	of Circulator	JO	- 01/200	
Linda Brazill	Coart	ity). I recide of 5805 Hammers Cey F	Ed. city of n	14000	

(Circulator's Residence – Street name and Number) (Circulator Municipality) (Name of Circulator) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Signature of Circulator) (Month) (Day) (Year)

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PO I Mad THE MUNICIPALITY USED FOR MAILING PURPOSES. WHEN DIFFERENT THAN MU PRINTED NAMES OF ELECTORS DATE OF SIGNING SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE CON Rural address must also include box or fire no. (Indicate Town, City, or Village) Email Nina Berkani nm Phone City Madison Zip: 537// (408) Email 621 GATELY TER ☐ Town 11 /16/2011 LUBA KONOWALSKYJ ☐ Village Phone City MADISON MADISON zip: 53711 Email Dr. #307 □ Town
□ Village 11/16/20/1 Phone City zip: 53711 Email □ Town
□ Village
☑ City 11/16/2012 Madison Phone zip: 5370S Email Authory Ln. Phone (Month) (Day) zip: 53711 Email Phone zip: 53705 Email Town Village 11 /16/2011 Phone ☐ City Email Hollister Ave 16/2011 Phone Email Town 11/1/2011 Phone Email Phone

<u> </u>	S'usa	nne Sm	ebak	Susanne	City: Cross Plaigs	zip: 53528	City C	erry	(Month) (Day) (Year)	
1	o. Andro	ew Ha-	son III	Ada Hant	Street: 2702 Milwa	ukee 5t. Zip: 53704	☐ Town ☐ Village ☑ City	Madison	// //6/20// (Month) (Day) (Year)	
I,	Li	ndat	razil	Certi	ification of Circulator	temmensle	y Rd.	aty of m	adism	
I persor	nally circulate er with full kr	ed this recall petition nowledge of its cont	(Name of Circul a and personally obtainent on the date indicate	ained each of the signatures on this pape		esidence – Street name ar n or district represented by th	nd Number) ne officeholder name	(Circulator ed in this petition. I know	Municipality) that each person signed	
	(Month)	(Day)	/20 (Year)	_ Jud	(Signature of Circulator)			Page No. (Official Use Only)	
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Molly Fellenz	Mx 78	Street: 706 Anthony Ln. City: Madison zip: 53711	□ Town □ Village □ City Mad Son	(Month) (Day) (Year)
"Jennifer Tishler	Jamiker Risse	street: 4318 Herrick La City: Madison zip: 53711	□Town □Village □City Madis on	11/16/20 <u>11</u> (Month) (Day) (Year)
3. EMINET J. Moran	Cunty	Street: 4325 WAKEFIELD ST. City: MADISON, Wi zip: 537(1	Town WANGED TOWN	(Month) (Day) (Year)
David R. Booker	David R Dohn	street: W5865 Hefty Rd. City: Munticello zip: 53570	Village Washington City	///6/20 <u>//</u> (Month) (Day) (Year)
RICHARD C. KELLER	Zelle-	Street: 609 SPRAGUE ST. City: MADISON Zip: 53711	□Town □Village □City MAD:SON	// //6/20_1/ (Month) (Day) (Year)
MICHAEL VOICHICK	nucuael Vaichers	Street: MADISON MUR Zip: 53705	O Village A9 AV 1504	
KATHERING EANNGUI	Kal- Eur	Street: 11131/2 SHCRMAN AVE. APT #1 City: MANISON Zip: 53703	□Town □Village ©City MADISON	11 /16/2011 (Month) (Day) (Year)
Jef Hinds	ANO-	Street: 541 Woodside Terrace City: Madism Wi zip:53711	Town Village City Madison	11/16/20 <u>1)</u> (Month) (Day) (Year)
Tom Midmage.	None (Charge	Street: 4132 Council Count-	□ Town □ Village □ City \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Month) (Day) (Year)
Juyneth Fisher,	Yuy Stort	Street: 909 James Court City: Waynakee zip: 53597	Town XVillage City Waynakee	(Month) (Day) (Year) B
	Certification of	of Circulator		adica
[inda PNaz	11 A	5805 Ham m 018(0.	UN CAMOLO	7 <i>(</i>)(UU >U\

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1 JASON TISHLER	Jacon Tickles	Street: 637 SPRAGUE ST. City: MADISON Zip:53711	□ Town □ Village □ City Mail Scal	// /6/20// (Month) (Day) (Year)	Phone V	75h 328)
Arthurt. Chavez-Mueller	What I like I like	Street: 135 Eager Ct City: Factor Evansulle zip: 53536	Town Ovillage City Evansuller	(Month) (Day) (Year)	Email Phone	08)
3.GAIL BANOVEZ	Ado & Banovez	Street: 1627 MCKENNA BLOW City: MADISON Zip: 63711	□Town □Village MAO150N ØCity	// //6/20 <u>//</u> (Month) (Day) (Year)	Email Phone	
PETER KLAUSLER	Pet Lauster	Street: 7734 BITTERSWEET CT City: MIDDLETON Zip: 53562	ATOWN □ Village □ City SPRWXFIELD	(Month) (Day) (Year)	Email Phone	
5. KERRY GUDROSEN	Ley Slun	street: 7210 New Washburn Way City: Madlon WI zip: 53719	Town Village MADISON RCity	(Month) (Day) (Year)	Email Phone	
Anthony L. Brown I	Anttrong L. Brown I	street: 6810 Harvest Hill Road City: Madison, WI zip: 53717	□ Town □ Village ☑ City Madison	11 /16/2011 (Month) (Day) (Year)	Email Phone	~)
JERRY MERCIER	1mi	street: 931 Harrington Dr #106 City: Madison WI zip: 53718	Town Village City Mad(S)	////6/20_// (Month) (Day) (Year)	Email Phone)
ROGER THOMAS	Roger homen	Street: 10096 SPRING VALLEY DK City: MT. HOREB Zip: 53572	XTown Uvillage City Exry	// /6/20 <u>//</u> (Month) (Day) (Year)	Email Phone)
9. Jerod Gibson	012	Street: 8140 Broad mar 5t City: Mand: Son Zip: 537/9	Town Village City Mad; Sov	[l /16/20]/ (Month) (Day) (Year)	Email Phone	
Angela Gibson	Engela Slibsox	street: 8/40 Broadmoor St city: Madison, WI zip: 53719	Town Village Madi Sen	// //6/20_/_ (Month) (Day) (Year)	Email Phone	
	Certification (<u> </u>	<u></u>	13	3/84

(certify): I reside at 6130 Old Middle fon RL (Circulator's Residence - Street name and Number) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Month) (Day) (Year)

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1. Jean Lind	Jean Lind	street: 5005 Tomahawt Trail City: Madison 21p.53705	Town Village Madison	11/15/20_11 (Month) (Day) (Year)
JEFF LANGE	Jyfin Con-	Street: 5009 Tomahawk Trail City: Madison Zip: 53705	□ Town □ Village ☑ City Modison	(1 / / 5 / 20 11 (Month) (Day) (Year)
JOSE POLANSIA	1 Holonsly &	Street: 5001 TOMAHAWK TR. City: MADISON zip: 63705	Town Village MAD SON	
John Schultz	John C. Schult	Street: 5006 Flambeau Road City: Madwow : Zip: WI	Town Village City MADISON	// /15/20// (Month) (Day) (Year)
WINHED NAOH	Marfald Nort	Street: 5014 FLAMBEAMRD City: MADISON Zip: 53705	□ Town □ Village □ City MADISON	///5/20_// (Month) (Day) (Year)
5. Dawn Cloutier	Naun Clautin	street: 5014 Flambeaukd City: Madison zip: 53705	Town Village Secity Wac is on.	11/15/2011 (Month) (Day) (Year)
Sara Brenkman	Sais Beekman	street: 6748 Ramsey Rd City: Middleton WI zip: 53562	Town Village Middleton	11 / 15/2011 (Month) (Day) (Year)
Kaianna Obee	Haram Ober	Street: 5002 Flambeau Ra. City: Madison, W zip: 53709	Town Willage Make 300	1 / 15/20_11 (Month) (Day) (Year)
9. Rich and Corey	Rt. Wy	Street: 5617 Tomalicux Tral City: Mac15on (2) zip:53705	Town Uillage Wad San	1 (/15/20_11 (Month) (Day) (Year)
Thomas Push	Shorm Pul	street: 5021 Tomahawh Truil city: Madison, W zip: 53705	Town Village Madison	11/15/20// (Month) (Day) (Year)
Jean Line (Name of Circul	dator), (certi	of Circulator Ify): I reside at 5005 Toma hawk (Circulator's Residence – Street name an		Of O 14 Municipality)
onally circulated this recall petition and personally obtained with full knowledge of its content on the date indicated by the second of the content on the date indicated by the second of the content o	ained each of the signatures on this paper. I know that the cated opposite his or her name. I know their respective to the cated opposite his or her name. I know their respective to the cated opposite his or her name. I know their respective to the cated opposite his or her name. I know their respective to the cated opposite his or her name.	he signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsify:	ing this certification is punishable under S.12	that each person signed13(3)(a), Wis. Stats.

(Month)

(Day)

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1. Eileen Marsh	Eilen march	Street: 5009 Tomahawk TR City: MADISON WI Zip: 53705	Town Village MADISON	///5/20/(Month) (Day) (Year)
SHARON GLASAUS	Sharon Calasud	Street: 5129 Flamban Rd City: Madison, WI zip: 53705	Town Uvillage MADISON	// /5/20/1 (Month) (Day) (Year)
Richard Blase	2 Deposit 10 (3)	Street: 5124, Flambern our: Mad, som zip: 5370)	Town Village Town	// / 20 11 (Month) (Day) (Year)
Lorita M. Spercer	Lordo M. Spencer	Strot: 5/2/ Flambeau Road City: Madeson, WI zip: 53765	□ Town □ Village **City Madi Sore	// //5/20// (Month) (Day) (Year)
ROSEM B. SHEWER	Robert K. Spen	Street: S(2/FUMBEN FUD) City: MIDYSUN W Zip: 53785	□ Town □ Village □ City M/D/City	
banie Veruchi-Crump	Q lus	Street: 1/18 Tomahaw Trail City: Madison, WI zip: 55705	Town Village Wadson	(Month) (Day) (Year)
Pam Rathbun	Pan Rachler	Street: 5121 Tomahawk Tr City: Madison wI zip: 53705	Town Village Madison	11/15/20_11 (Month) (Day) (Year)
Eugene A. Rice	Jugenadrie	Street: 5110 Tomahawk Trail City: Mad 1504 W1 zip: 53705	Town Village Mad Ison	(Month) (Day) (Year)
VANETIEK HARPER	Moulte KHarpe	Street: 5101 TOMA HAWK TRL. City: MADISON, WI Zip. 53705	Town WADISON	11 /5/2011 (Month) (Day) (Year)
susan Schultz	Susan Schult	Street: 5006 Flambeau Rl City: Madi 504 zip: 53705	Town Village MADISON	// /5/20// (Month) (Day) (Year)
Jean Lind		of Circulator ify): I reside at <u>5005 Jomahawk</u>	Trail Gity	of 50h
(Name of Circulated this recall petition and personally obter with full knowledge of its content on the date indicate in the content on the date indicate in the date in the content on the date in the content on the date in the content on the date in the content of the content	ained each of the signatures on this paper. I know that t	(Circulator's Residence – Street name an the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsify	e officeholder named in this petition. I know t	Municipality) hat each person signed 13(3)(a), Wis. Stats.
$\frac{1}{\text{(Month)}} / \frac{1}{\text{(Day)}} / \frac{20}{\text{(Year)}}$		(Signature of Circulator)	Page No. (6	Official Use Only)

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNIN
Amy Kinast	ampted	street: 5018 Tomahauk Trail city: Mady son W1 zip: 53705	Town Village Madison	/\ /15/201/(Month) (Day) (Year)
Daiya Vassing Keith XLeisch	Barn	Street: 5105 Tomahawk &. City: Madison WI zip: 53706	Town Village City Madisou	// //5/20/ (Month) (Day) (Year)
Keith XLeisch	Kith Heisch	Street: 3/0/ Tomahacuk City: Madison zip: 53705	Town Village Octy Madison	// //5/20_(Month) (Day) (Year)
JAIM's Doerling (Jahre Joer 12	Street: SIAG SASSAFRASS JV #311 City: Fithburg WE zip: 53711	Town Citchbury Desity Mad Sov	\\ /\\$/20_ (Month) (Day) (Year)
Camille Bernier	Camille J. Bainer	Street: 5138 Tomahowk Trail	Town Village Scity Machson	
Zoizerth MEXER	R. Meyer	Street: 5122 TOMAHAWK TR City: MADISON Wi Zip. 53705	☐ Town ☐ Village ☐ City MAD ISON	// /5/20// (Month) (Day) (Year)
Serafina Bathrid	Survice	Street: 1847 Pine Knob Rd City: Avoca, WI zip: 53506	Bfown Highland, WI □ Village □ City	1(/15/201 (Month) (Day) (Year)
Patricke Kerr	Patricia Kerr	Street: 1901 Carns Dr. #106 City: Madison WI zip. 53719	Town Village Madison	11/15/201 (Month) (Day) (Year)
STAR SOLDERMAN	Star S. Oldewan	Street: 76 DUNNING St City: MADISON Zip 3704	□ Town □ Village ■ City MACI SON	// /5/20/ (Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20_ (Month) (Day) (Year)
Jean Line (Name of Circular or the date indicated this recall petition and personally ob with full knowledge of its content on the date indicated the content of the content o	clator) tained each of the signatures on this paper. I know that t	of Circulator ify): I reside at 5005	d Number) (Circulator e officeholder named in this petition. I know	Municipality) that each person signed. 13(3)(a), Wis. Stats.
11/1/1/20/1	Can	Lich	,	Official Use Only)

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. Street: 2207 Collina St	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
V	Will John	Street: 2207 Eulilia St		
0.00		City: (2055 Plans zip: 53528	Town Wyvillage CROSS PCAINS City RCV	(1 /15/2011 (Month) (Day) (Year)
CAROR CaySchuLeNburg	Carol Schulenburg	Street: 2203 Church Do	Town Kvillage CROSS PLAINS City RC	11/15/2011 (Month) (Day) (Year)
Amy Jaeon	ly Morgeon	Street: 235 Churchst City: 1055 Plains zip: UF	Trown Willage C ROSS PLAINS City C ROSS RCV	// /5/20// (Month) (Day) (Year)
Densicy Constay	Dail & has	Street: 3305 Church St WI City: Cross Plaws zip: 53528	Town City CROSS PLAINS RU	11 / 5 20 11 (Month) (Day) (Year)
Gudgeon	Raelotten Dudyen	Street: 2305 Church St City: Curs Plains alf zip:53528	Town Village City CROSS RCU	// //5/20// (Month) (Day) (Year)
James Ersia	Jame Eesig	Street: 2219 CHURCH ST. City: CROSS PLAINS Zip: 53528	□ Town Prillage CROSS PLAINS □ City	// /15/20_// (Month) (Day) (Year)
Susan Ersig	Susan Errig	Street: 2219 Church ST City: CROSS PLAINS zip: 53528	Town Village CRCS5 AGINS	11/5/20 <u>11</u> (Month) (Day) (Year)
Allan Higgins	ally Him	Street: 623/1 Church St City: Cross Plains zip: 53528	Town Nillage Cross Plains City	// //5/20_// (Month) (Day) (Year)
Mary To Steelber Higgins	Mary Stub Arggins	Street: 2311 Church St City: (RDSS Plains zip: 53528	Town Village CROSS Plains	1/15/20] (Month) (Day) (Year)
o. Susan Wartgow	Jun Hay	Street: 2407 Church St City: Cross Plains W1 zip: 53528	Town City CROSS PLAINS REV	/\/\/\/\/\/\/\/\/\/\/\/\/\/\/\/\/\/\/\
ROBERT VIRNIC	Certification o		T CROSS PLAINS	i W, 5352

the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Day) (Month) (Year)

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Article XIII, Section 12 of the Wisconsin Co	enstitution and S.9.10 of the Wisconsin Stat	utes.	1 do temor door thanker from onto	e parsuant to
THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1 Jean Hilgers	Jan Hilgers	Street: 2411 Church St. City: Cross Plains zip: 53528	DTOWN DAVillage C NOSS PLAINS	
2. PAUL HILGERS	Paul Algers	Street: 2411 CHURCHST City: CROSS PLAINS zip: 53528	Town Village CROSS PLAINS City	(1 /15/20 // Pi
3. Allison Schulnberg	Allian Scholaborez	Street: 2519 Browery Rd City: Cross Plains zip: 53528	Town Xvillage CRDSS PlainS	
CAMPBELL U	Elizabeth	Street: 2531 BROWNERY RY CHY: CROSS PLAINS Zip: Luj	Town Noting City CROSSPL4/AS	
Solver machel	Sulvernacher	Street: 2532 Brewyld City: C055 Plans zip: 53528	From City COSS Plains	Month) (Day) (Year)
6. Berbare Johnson	Barbara	Street: 36154 Pakst City: Whitehall W1 zip: 54773	Town Village Secity Whitehall	// //3/20// Pl
3. GERALD T BOEHNEN	Slerale T Rockner	Street: 2008 Eulelie St City: Cross Blain Zip: 53508	Town QVillage CROSS PLAINS City RCV	$\frac{11/16/20_{\text{(Month) (Day)}}/16/20_{\text{(Year)}}}{\text{Pl}}$
Doris Boehnen	Dois Boehnen	Street: 2208 Eulolia St City: Cross Plains Wi zip: 53528	Town Village CROSS PLAINS City RCU	(Month) (Day) (Year)
Doeis Maier	Daris Maier	streen 2403 Church St city: Cross Plains SW1 22p: 53528	□ Town □ City City RCV	
RAY MAIER	Ray Fraies	Street ross Plains Wi 53578 City: 2403 CHURCH Spzip: 53528	□ Town □ Village C ROSS PLAINS □ City R L V	
, , , , , , , , , , , , , , , , , , , ,	Certification		, ,	
ROBERT V	/RN/C,(certi	ify): I reside at Z30/ EULALIA ST	CROSS PLA,	ing W1 5350
(Name of Circu ersonally circulated this recall petition and personally obt	,	(Circulator's Residence – Street name and the signers are electors of the jurisdiction or district represented by the		

the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. Bobut (Signature of Circulator) (Month) (Day) (Year)

I,

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

icle XIII, Section 12 of the Wisconsin Co	enstitution and S.9.10 of the Wisconsin Stat	utes.		
THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	TTY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
ROBERT C VIRMG	Robert (Vining	Street: 2361 EULALIA 57	□ Town CROSS PLAIN S □ City	///5/20/// (Month) (Day) (Year)
Joseph P Virnia	Joseph P Virnia	street: 2204 Grand St City: Cross Plains zip: 53528	Town Willage Cross Plains	11 / 15/20 11 (Month) (Day) (Year)
NATHALIE BERGL	em Nathalie Bergun	Street: 2207 Grand St.	Town Willage Ross Parins	// // S/20
Harold Bergum	Harold Bergum	Street: 2207 Grand ST CHY: Cross Dlains Zip: 53528	Town City Claims	// /5/20// (Month) (Day) (Year)
Ardis C. Virnia	ardis C. Virnia	Street: 2301 Eulalia St. City: Cross Plains zip: 53528	Town Willage Cross Plains	// //5/20_// (Month) (Day) (Year)
RON BRUNNIER	Royald Bune	Street: 23/1 Enliter & + City: Cropan zip: 53528	□Town □Village □City Curs Clum	(Month) (Day) (Year)
Deborahe Schultz	Deborate Schultz	Street: 2400 Ecelalia St City: Cross Plains W zip: 53528	Town Village City Cross Plains	[(/)5/20 <u>11</u> (Month) (Day) (Year)
Gordonhultz	Store Store	Street: 2400 Eulalia Street City: Cross Philips W7zip: 53528	Town Village City Coss Pains	11/1 \$\frac{1}{20} \(\begin{array}{c} \text{(Month) (Day)} \text{(Year)} \end{array}
Tina Meler	Timerer	Street: 2007 tillelia 5. City: Cross Plain zip: W153528	Town Willage Coss Place	M /15/2011 (Month) (Day) (Year)
BRIANP MEIER	BRY	Street: 2209 EULALIA ST. City: CKOSS PLAINS, Zip: 53528	□ Town M Village □ City CROSS PLAINS.	(Month) (Day) (Year)
	Certification (of Circulator	2	
ROBERT VIRA		ify): I reside at 2301 EULALIA S		
(Name of Circui	lator)	(Circulator's Residence – Street name an	d Number) (Circulator N	Municipality)

	1i . H	110 1011 200	Street: FLOI Grand	Village A man A Wayn	<i>// 15 </i> 20 <u>/ </u>	l
	Harold Bergum	Harold Bergum	City: Cross Dlairs zip: 53528	City City Claims	(Month) (Day) (Year)	Phone (
	5.	01-011.	street: 2301 Eulalia St.	Town Village Cross Plains	1/ /15/20_1/	Email
	Ardis C Virnia	Wides Viring	City: Cross Plains zip: 53528	City Cross / Julius	(Month) (Day) (Year)	Phone (
	RON BRUNNER	0 10.0	Street: 2311 Enlater At	□Town □ Village	11 /15/2011	Email Phone
	KON DKUNNER	Ronald C/Spine	City: (No Park zip: 53528	City Cws Chin	(Month) (Day) (Year)	
	Deborahe 117	Deborale Schultz	street: 2400 Ecelalia St	☐ Town Village	u /15/2011	Email Phone
	Schult Z		City: Cross Plains W1 zip: 53528	City Cross Plains	(Month) (Day) (Year)	(
	8. Gordon	Jac 8 50 L	Street: 2400 Eulalia Street	Town Dain	11/1/2011	Email
	Shultz	70000	City: Cross Pain War 53528	Town City Coss Pains	(Month) (Day) (Year)	Phone (
	9. Tina.	Du -	Street: 2009 tillalea &.	☐ Town	N /15/2011	Email
	Meer	meier	city. Cross Plain zip: W153528	City Cross Pain	(Month) (Day) (Year)	Phone
	10. BRIANP. MEIER	BALL	Street: ZZO9 EULALIA ST.	☐ Town XI Village	11/15/2011	Email
			City: CROSS PLAINS, Zip. 53528	City CROSS PLAINS.	(Month) (Day) (Year)	Phone (
		Certification o	of Circulator	1		
I, _	ROBERT VIRA	// C, (certi'	fy): I reside at 2301 EULALIA S			7528 Circu
I per	(Name of Circulasonally circulated this recall petition and personally obta		(Circulator's Residence – Street name and the signers are electors of the jurisdiction or district represented by the			
the p	paper with full knowledge of its content on the date indic	^ -	residences given. I support this recall petition. I am aware that falsifyi	ing this certification is punishable under S.12.	13(3)(a), Wis. Stats.	F
_	<u> </u>	1 Solvet	L Vineg	Page No. (0	fficial Use Only)	
	(Month) (Day) (Year)	_	(Signature of Circulator)	# <u>/84</u>	,シ	
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Committee to PO Box 2569

Email

Return by Jan

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC	
Sign I CHAEL J. Callys	Street: 7760 BITTERSWEET CO	Nown Village SCity (Municipality Name)	11 //C/20/1 (Month) (Day) (Year)	Email Wiki Phone (608)	
sign: Joanne Bunge	Street: 509 Archard Dr City: Madison zip: 537/1	Town Village WCity Madison (Municipality Name)	// //6/2011 (Month) (Day) (Year)	Phone ()	
3. Print: Robert M. Parman S. Sign: Robert M. Parman S.	City: Madison WI. Zip: 5371)	Town Village City Mad Sov (Municipality Name)	11/16/20_L1 (Month) (Day) (Year)	Phone ()	
A. Robert Widhalm Sign: Ahar Junchham	STAT Street: ALGI N. SHERMAN AVE AUB City: MADISON Zip: 53707	□ Town □ Village ■ City (Municipality Name)	(Month) (Day) (Year)	Phone (607) 5	
Print: Valerie Vellogg	Street: 1119 Sherman Auc #7 City: Madison W1 Zip: 53703 Certification of Circulator	Town Village City (Municipality Name)	il /16/2011 (Month) (Day) (Year)	Valann 19 Phone (.)	
(Printed Name of Circulator)	Certification of Circulator certify): I reside at 6/30 Od Middleton (Circulator's Residence - Street Name and Numerations) tained each of the signatures on this paper. I know that the signers are elector	nber) (Cikeulator Munic	cipality)	B1877- Circulators, Please include your contact Phone	
	aper with full knowledge of its content on the date indicated opposite his or h			(')	

recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 /	16	/20 11	Man V. Birt De.
(Month)	(Day)	(Year)	(Signature of Circulator)

Page No. (Official Use Only)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

Return by Jan

Committee to PO Box 2569 Madison, WI

Please include your c

	THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.		
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTAC
1. Devon Agaba	Street: 17 Julia Circle	□ Town □ Village ★City	11/15/2011	Email devon
sign: Wevon Azaba	city: Madison, W/zip: 53705	<u>Hadison</u> (Municipality Name)	(Month) (Day) (Year)	Phone (608) 3
2. Print Christina Sutherland		□ Town □ Village A City	11 /15/20_11	email Chrish
Sign: Subultad	civ. Madison: zip. 53705	(Municipality Name)	(Month) (Day) (Year)	Phone (408) 8
3. Rachel Herbsma	1727 Schwit Ave Street: Madison AVD	□ Town □ Village □ City	1-1-11	Fachelf
Sign. Focus	city: Madison zip. 53726	(Municipality Name)	(Month) (Day) (Year)	Phone (608)
4. Print: Rachel Abbott	Street: 2120 Jefferson St	□ Town □ Village ★City	. / /	Email
Sign Rachel C Abbott	city: Madison zip: 53711	(Municipality Name)	(\ /15/2011 (Month) (Day) (Year)	Phone (60%) 3
5. Print: Bernard A. Kemper		□ Town □ Village ☑ City	AV 11/16/20/11	B Email
Sign: Rep Ale	Giv. Madison WI Zip: 53711	(Municipality Name)	(Month) (Day) (Year)	Phone
	Certification of Circulator			B1877.
I, Alan V Bickley (Printed Name of Circulator)	certify): I reside at 6130 Old Middle fra (Circulator's Residence – Street Name and Nun	Pd City of Ma	oin alita)	Circulators,

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this

ll petition. I am a	ware that falsifying thi	s certification is pur	nishable under S.12.13(3)(a), WishStats.		
11. /	16	/2011	aller V King	Low	Page No. (Official Use Only)
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING NAME & SIGNATURES OF ELECTORS MUNICIPALITY OF RESIDENCE DATE OF SIGNING STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. (Also Indicate Town, City, or Village) 1. Email # 103 ☐ Town ☐ Village City City Phone (Municipality Name) Email ☐ Town ☐ Village City MADISON (Municipality Name) aly: MADISON Email 3. ☐ Town ☐ Village ☐ City (Municipality Name) Email 4. **⊿** Town ☐ Village Phone (Mouth) (Day) (Municipality Name) (60 5. Email ☐ Town ☐ Village City Phone (Municipality Name)

	Ceruncauon of Circulator	
I, KEESIA HUZER, (certify): I reside at	4125 Mandan Crescent	MadiSON
(Printed Name of Circulator)	(Circulator's Residence - Street Name and Number)	(Circulator Municipality)
\mathcal{I}		
I personally circulated this recall petition and personally obtained each of the sign	natures on this paper. I know that the signers are electors of the jurisdiction	or district represented by the officeholder
named in this petition. I know that each person signed the paper with full knowle	dge of its content on the date indicated opposite his or her name. I know the	eir respective residences given. I support this
recall petition. I am aware that falsifying this certification is punishable under S.1	2.13(3)(a), Wis Stats.	
11 1 16 120/1 (18)	in A Dyza	Page No. (Official Use Only)
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Madison THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING NAME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF SIGNING Rural address must also include box or fire no. (Also Indicate Town, City, or Village) Email Prints Ruth L. Fochios ☐ Village Street: 5891 Schumaun 11/15/2011 Ruth L. foslini Phone (Municipality Name) (608 360. W. Washington Are # 702 SUSAN CLARE SCHULZ ☐ Town ☐ Village
☐ City SC: Street: 11/15/2011 Madison Statule Madison 53703 (Municipality Name) (608 Email ☐ Town □ Village 1 /15 /20<u>11</u> Phone (Municipality Name) Email ☐ Town ☐ Village Phone (Municipality Name) (608 Email Phone Certification of Circulator

l personally circula	ated this recall petition and	personally obtained each of	the signatures on this pape	r. I know that the signers are	electors of the jurisdiction	or district represented by the offic	eholder
named in this petiti	ion. I know that each perso	n signed the paper with full	knowledge of its content o	n the date indicated opposite h	nis or her name. I know the	ir respective residences given. I st	upport this
recali petition. I am	n aware that falsifying this	certification is punishable y	der S.12.13(3)(a), Wis-St	ats., /			
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(Month) / (Day) / 20 // (Year) (Signature of Circulator)

(certify): I reside at

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Madison. THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING NAME & SIGNATURES OF ELECTORS MUNICIPALITY OF RESIDENCE DATE OF SIGNING STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. (Also Indicate Town, City, or Village) Email ☐ Town☐ Village Mandan Crescent .₽-Citv ☐ Town 4125 MANDAN CRESCENT ☐ Village 11 /15/2011 ☑ City (602 3. Email ☐ Town ☐ Village **K**City Phone (608 Email rd Town ☐ Village ☐ City 5. Email ☐ Town ☐ Village Deiro Certification of Circulator B18 (certify): I reside at

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats

(Circulator's Residence - Street Name and Number)

(Month)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott

Walker from office pursuant to Article XIII, S	ection 12 of the Wisconsin Constitution and S.9.10 of the W	/isconsin Statutes.		PO Box
THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	C
Print: NANCY & MOONG Sign: Nancy D. Moore	Street: 6225 MINERAL POINT RD # 1/82 City: MID150N Zip: 53705	□ Town □ Village □ City MAD/SOL (Municipality Name)	11/15/20 <u>1/</u> (Month) (Day) (Year)	Email NM Phone (608)
Sign: Gene L. Pewey	Street: 2125 Fox Ave	□ Town □ Village □ City Ma L S m (Municipality Name)	// //5 / 20 <u>//</u> (Month) (Day) (Year)	Email glade Phone
sun: Beatrice F. Dewey	Street: 2125 Fox Ave	Town Village City (Municipality Name)	// // 5/20 // (Month) (Day) (Year)	Email G / None (60)
4. PATRICIAA YOUNG Ston Saturia & Young	Street: 1334 Juda Are ROAd City: OREGON ZID: WI	OREGON WSP (Municipality Name)	// //5/20 <u>//</u> (Month) (Day) (Year)	Email h p. Phone (608
sign: Clayre M. Rider Sign: Claure M. Reder	Street: 839 Pebble Beach Dr. City: Madisan 219: 537/1	Town Ujllage City Madesan (Municipality Name)	// //5/20	Email Cr Phone (608
	Certification of Circulator	<i>Q</i> ', <i>c</i>	11	318
I, Diane Haams, (Printed Name of Circulator)	certify): I reside at <u>5706 Anchorage Av</u> (Circulator's Residence – Street Name and Nuc	(Circulator Mun	Madis ox icipality)	Circulators, Please include y

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

	16	/ <u>20_//</u>	Diane adams
(Month)	(Day)	(Year)	(Signature of Circulator)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING FURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	•
1. Print: JONATHAN SUTTIN	Street: 4109 UIAWARIA DR City: MADISON Zip: 53711	□ Town □ Village ♣ City MADISON (Municipality Name)	11 /16/20 11 (Month) (Day) (Year)	Phone (
Heather Moore Sign: Gledduy Moore	Street: 817 Carina Cn. City: Madi Sen zip: 53718	☐ Town ☐ Village	// //6/20_// (Month) (Day) _ (Year)	Phone
3. Print: Jennifer Hemtz Sign: Genny Leny	street: 2581 Oak View Ct.	Town Village Scity Fitchburg (Municipality Name)		Phone
4. Print: Nicole Grumbe Sign: Mill F.	Street: 525 State St #5 City: MadiSun zip: 53703	☐ Town ☐ Village City (Municipality Name)	/ /b/2011 (Month) (Day) (Year)	Phone
5. Print: DAVID MOORE Sign: CO	Street: 817 CARWALN City: MADISON Zip: 53718	Town Village City (Municipality Name)	(Month) (Day) (Year)	Email Phone
I. Tony Abfalter (Printed Name of Circulator)	Certification of Circulator (certify): I reside at 337 Island Dr. Apt. (Circulator's Residence – Street Name and Nu	City of Madison mber) (Circulator Muni	cipality)	Circulators

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes,

THE MUNICIPALITY U	JSED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madisor
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	C
1. Print Tony Abfalter	727 T. 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	□ Town □ Yillage		Email
Sign	Street: 337 Island Dr. Apt. 6	Madi Son (Municipality Name)	(Month) (Day) (Year)	Phone
	city: Madison zip: 53705	(Mumcipanty Name)		Email
Print: Kathleen Dunn	Street: 1133 N. High Point Rd	□ Town □ Village XCity	11/16/20_11	
Sign: Kerthlu D		Mudison (Municipality Name)	(Month) (Day) (Year)	Phone
3.	city: Madison zip: 53717			Email
Print Partrock J. Gallagher	Street: 3119 Walong lane	Town Village Al City	1 /K/201	Phone
Sign PAUD Brun	City: Widleton Wizip: 535CZ	MIUWETG — (Municipality Name)	(Month) (Day) (Year)	(
4. Print Michael & Reynolds	Street: 2058 Heleus 5+	☐ Town ☐ Village		Email
×10.	Street: 2000 File 1245	Madison (Municipality Name)	(Month) (Day) (Year)	Phone
5	City: Madison Zip: 53704			Email
Print Melissa A. Kruser	Street: 1441 E. Johnson St. Apt. C	□ Town □ Village □ City	11 /11/2011	
Sign: Melegiant. Kyrser.	<u> </u>	(Municipality Name)	(Month) (Day) (Year)	Phone
<u> </u>	Certification of Circulator	(:1.4 of		211
Tony Abfalter	(certify): Treside at 337 Island Dr. Apt.	6 Madison		1318

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Circulator's Residence - Street Name and Number)

(Signature of Circulator)

(Printed Name of Circulator)

(Circulator Municipality)

Return l

Commit PO Box

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 25
Madison, V

THE MUNICIPALITY USED FOR MATLING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON	
1. Jim Hansen Sign: Jim Hansen	Street: 154 Dunning St. City: Madison Zip: 53704	□ Town □ Village □ Village □ (Municipality Name)	11 /15/2011 (Month) (Day) (Year)	Email Comp & Phone (b08)	
2. Print: Mark Sadowsk: Sight Hak Acadowsk.	Street: 2557 Uphan St City: Madigon Zip: 53704	□ Town □ Village City (Municipality Name)	11 /15/2011 (Month) (Day) (Year)	Phone	
3. Print: Toni Baker Sign: Turbul	Street: 2272 Winnelberge St #7 S3704 City: Mardison Zip: WI	Town Village Veity (Municipality Name)	IL / LS/20_LL (Month) (Day) (Year)	Email tani Phone	
4. SIPILAT BERRY Sign: WPW	15. S. Broom St. Street: Stre	Town Village City (Municipality Name)	11 /15/20 <u>\$(</u> (Month) (Day) (Year)	Phone (
5. Print: Respect Hammond	Street: 105 Belking PD City: Voloma Zip: 53593	☐ Town ☐ Village DCity (Municipality Name)	(Month) (Day) (Year)	Email Phone	
Mark-Sulanski	Certification of Circulator	Madison			

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Circulator's Residence - Street Name and Number)

11 1	16	/20 11	Mark Sarbuli
(Month)	(Day)	(Year)	(Signature of Circulator)

(Printed Name of Circulator)

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Physiol 1871

(Circulator Municipality)

Circulators,
Please include your

Phone
(608)
Email

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

i	Committee
i	PO Box 2:
1 :	Madison,

Return by

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
NAME & SIGN/ TURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (/ lso Indicate Town, City, or Village)	DATE OF SIGNING	COI	
Print: Josh Holaton	Street: 14 Pinc	Tewn Vi lage Chy Sun Prouve (Municipality Name)	11/10/20_11 (Mon:b) (Day) (Year)	Phone	
2.	City: Sun Promiszip: 53590			Email	
Print: Colin McMullen	Street: 1717 Lake Points	10100100101	/ / / 20 (Mont::) (Day) (Year)	Phone	
organ.	city: Madrson zp. 53713	(Municipality Name)		(
riate Leve Posey	Street: 139 W. Wilson St	Town Village A A A A A A A A A A A A A	11 1 14 20 11	Email Phone	
Sign:	City: /Lada M zip: 53 >0 >	(Municipality Name)	(Many (Suly)	(
4. Print Travis Triatin	street: 1918 Anhalt De.	☐ Te wn ☐ Village ☐ City (Municipality Natrae)	U /16/2011 (Month) (Day) (Year)	Email	
	City: MADISON Zip: 53704			Email	
5. Print: Kurt Anderson Sign: Mat Wolcom	street: 1605 Trailsway, #2 Street: Madison Zin: 53704	Madison (Municipality Name)	11 /16 /20 11 (Month) (Day) (Year)	Phone	
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recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), W

(Princed Name of Circulator)

(Circulator Municipality)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY U	ISED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			, Madison, v
NAME & S: GNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fare no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Towr, City, or Village)	DATE OF SIGNING	CON
1. Joy Jan Lottes	orrect 1508 Roby Rd	☐ Town ☐ Village Ority	11/15/2011	Email
Sign:	city: Stoughton zip: 53587	(Municipality Name)	(Month) (Day) (Year)	(
2. AUEN Dolphin	street: W10623 Gallagher Rd	☐ Town ☐ Village ☐ City	11/1420 11	Email
All (city: LODI 21pg 3555	(Municipality Name)	/// 520_/(Month) (Day) (Year)	Phone (
3. Printared Wagnes	Street: 6675 MESSET red	□ Town **Village □ City		Email
s. Gr. J.	City: Warnake Zip: 53587	(Municipality Name))(/) 201(Month) (Day) (Year)</td <td>Phone (</td>	Phone (
4. Robert Hayes	Street: 431 W. Gorhan Apt. 902	Town Village	N) Ke/2011	Email
sign: Affay	city: Madison Zip: W	(Municipality Name)	(Month) (Day) (Year)	Phone (
5. Samuel J. Havey	street: 6224 Middleton Springs Or.	□ Town □ Village ▼City	1 /11 /	Email
sign:Sav X	city: Middleton, WI zip: 53562	(Municipality Name)	11 /16/2011 (Month) (Day) (Year)	Phone
	Certification of Circulator			

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(Circulator's Residence - Street Name and Number)

(Month) (Day) (Year) Manufacture (Circulator)

(Printed Name of Circulator)

(certify): I reside at <a>S

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(Circulator Municipality)

Circulators,
Please include your

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by

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THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison,
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address most also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
Print: THAVIS CHANNES	Street: 3012 UNION St. City: MIDISON 210: 53714	Town Village Village (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Hrow Phone
2. ACOB THOMAS Sign: June blun	Street: 402 W. DAYGON ST City: MADISON ZIP: 53073	☐ Town ☐ Village ☐ City (Municipality Name)	U/15/2011 Month) (Day) (Year)	Email Phone
3. Print: Andry Jarvis Sign: Ady &	street: 306 Kent lane \$6204	Town Village City (Municipality Name)	\$\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Phone (
4. Brent Robder Sign: MontRel	Street: 306 Kont Lant City: Madison Zip: 53713	□ Town □ Village > City Mad ISOM (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Phone
5. Stephanie Stringer Sign: Styllier Stringer	Street: 1955 E. May St. City: Madison 21p: 53704 Certification of Circulator	□ Town □ Village □ City Mack Scoa (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Phone (
00 1	Cermication of Circulator			

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(Circulator's Residence - Street Name and Number)

(Month)

(Printed Name of Circulator)

(certify): I reside at 2

(Circulator Municipality)

Circulators,

Please include your c

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY U	SED FOR MA ILING PURPOSES, WE'EN DIFFERENT THAN MUNICIPALIT THE NAI 4E OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison,
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Print: Justife Generaling Wer	Street: 10 912 N. (mylie RU.	Town Village City While wat - (Municipality Name)	// //5 7 20 // (Mon.) (Day) (Year)	Phone (262
2. Print: Tacob Pisyner Sign: Andi	Street: 2917 curry #10	Town Village City (Municipality Name)	\\\\/15\/20_11 (Mont) (Day) (Year)	Email Pische Phone (60%
Sign: Leel Martin	city: Myglison WI zip: 53713 2917 Cur ry Punyaltylo street: Myglison V city: Madi Sun WI zip: 537/3	Town Village (Municipality Name)		Email Phone
sign: While Brickbauer	Street: 20 N Founklin St City: Mad 150N zip 253703	Town Village Decity Mad is on (Municipality Name)	// //5/20_ _ (Monti) (Day) (Year)	Email Chric Phone
Sign:	Street:	☐ Tewn ☐ Village ☐ City (Municipality Name)	/ /20 (Montii) (Day) (Year)	Email Phone
11 11 60	Cert fication of Circulator	,		
(Printed Name of Circulator)	certify): I reside at 2557 Uplan Street Name and Nu	mber) Wadison Muni	icinalita)	Circulators,

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(Month) / 1 (Day) / (Year) Man Ladoust (Signature of Cir ulator)

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Circulators,
Please include your.
Phone
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	co
1. Print: Frederick Fischer	Street: 312 Higgins Rd	□ Town ¶□ Village □ City	10/15/2011	Email W
sign: Tredolick Trade	city: Evanville zip: 53536	Evans ville (Municipality Name)	(Month) (Day) (Year)	Phone (60 S
2. Inliet Johnson	Street: 4 N. Hancock St.	☐ Town ☐ Village City	11 /15/2011	Email 2 Phone
somet studen	Car Madison WI 53703	(Municipality Name)	(Month) (Day) (Year)	(Gog
3. Print Sergio Garcia	Street: 1014 Drake St	Town Village City MAJSON	11 /15/20 11 (Month) (Day) (Year)	Serg Phone
4. 1 201 201 Ar 15	City: Madison 02/ 53715	□ Town		(415
Print: JOSB M. MOUNA Sign: Jay	Street 6520 Hubbard Sy City: Middleton 53562	Willage Mindlefon (Municipality Name)	1//15/20	Phone 608
Print ROBERT JACKSON	Street: 252 BUNTING W	Town Usillage City MAD 135N (Municipality Name)	// /5/20// (Month) (Day) (Year)	Email TREA
	Certification of Circulator			(608
Mark Saclowsky, (Printed Name of Circulator)	(certify): I reside at 2557 Up ham Sf (Circulator's Residence - Street Name and Nu	mber) (Circulator Muni		. Circulators, Please include you

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Page Ng. (Official Use Only) # 1000 18 No Please include your of Phone

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
PAREMEDIEM ZIAC	hie kedemen	Street: 3021 WAYNOWA WAY City: MAD IS GV) . Zip: 53713	Town Village City MAD IS 0	11/15/2011 (Month) (Day) (Year)
-ARYL FARKAS	CITE	Street: 333 N. BALDUN ST City: MADUS N. W. Zip: 537 03	Town Village Mad 15ch	(Month) (Day) (Year)
JOSEPH FARKAS	foul I lake	Street: 333 N BALOWN 5T City: MADISON WI Zip: 53703	Town Village MADISON Recity	11/15/2011 (Month) (Day) (Year)
Thomast. McEuille	The Comes huteralle	Street: N4361 Cty Rd V City: Foynette WI zip:53755	Town Oyne He	//5/2011 (Month) (Day) (Year)
of malle	ETMCGHEZ	Street: 49 2 9 WH 1+U1 AMB City: MAD 150 N 1 (Zip, #53711	Town Village Hadison	(Month) (Day) (Year)
Christine Frankack	Christin Lie Jakon	Street: 4/23 Elected ACD City: MacDiana 101 zip: 53711	Town Village Machiner.	(Month) (Day) (Year)
-ederick E Mueller	Frederick F. Muelle	Street 2043 Dodge St City: Mulison zin 53713	Town Willage Madison	11 /16/20/1 (Month) (Day) (Year)
Ziney Charley	Cary	Street: 1300 & Dungton St. Af.	Trown Dillage City Madison	// // /20_// (Month) (Day) (Year)
Sara Latertaine	Sour for FL	Street: 4934 Goldfinch Dr City: Madison WI zip: 53719	Town Village RCity Mad ISO	// /16/20 <u>//</u> (Month) (Day) (Year)
KVKNSD. WELTON	Mi	Street: 1836 ICEYES AVE City: MAHDISON WI Zip: 53711	Town Village City M NO 1501	(Month) (Day) (Year)
1 1 - 1	Certification	of Circulator	. 11 4	
Margaret J. Arno (Name of Circul	, (552	tify): I reside at 20 Common wea/Ha (Circulator's Residence – Street name an	Ave Madison	Municipality)

(Day)

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1.	Patricia	Street: W4324 Bradley Rd	Stown Hampden	11/16/20 11	Email
Patricia Madden- Ripp	Madden-Rips	City: RIO 21p: 53960	City Columbia Co.	(Month) (Day) (Year)	Phone (
2.	- 7	Street: 1424 Williamson St	☐ Town ☐ Village	11 /16/2011	Email
Steve Roomble	Sturker	City: Mad 500 Zip: 53703	City Mad 100	(Month) (Day) (Year)	Phone (
3.00011	Maller Somis	Street: 1395 Hancock St.	□ Town □ Village	11/16/2014	Email
Melly Simis	Myally 2 min	City: Mad. 50N zip: 53703	I T. C	(Month) (Day) (Year)	Phone (
4.	0 100	street: 821 OHawa Trail	□ Town	11 /16/20 <u>4</u>	Email
David Brenneis	Waid W Brunn	City: Madissh Zip: 53711	De City Madison	(Month) (Day) (Year)	Phone (
5.	10 / 11	Street: 2 S Allen St	□ Town	11/16/2011	Email
Klaus lovendahl	Elm bull	City: Mcdison Zip: 53726	City Madison	(Month) (Day) (Year)	Phone (
6.	MAX Ch X	street: 1225 Chandler St.	Town Madison	1//16/2011	Email
William Southwich	Milliam Dockory's	City: Madison WI zip. 53715	Village Mad1501	(Month) (Day) (Year)	Phone (
7.	1 10	Street: //17 SUNDTLANE	☐ Town ☐ Village	11/16/2011	Email
RAYMEND J. ANDERSON	Mayor Sherson	City: \$7646H70N Zip: 53589	ACity STOYCHTON	(Month) (Day) (Year)	Phone (
8.	a to the	Street 2107 Mad issue ST	□ Town □ Village	1/14/2016	Email
cum fonst	(lifan/	City: Cike France Zip. 5371	Ecity Mayleson	(Month) (Day) (Year)	Phone (
9. Martha Starzewski	M - A	Street: 2238 Monroe St	☐ Town ☐ Village	11 /16/20_11	Email
Marina Stat Zevvski	- /10g r	city: Madison zip: 5371	City Madison	(Month) (Day) (Year)	Phone (
10.	0 11 1 1 1 1 1 1 1 1	Street: 102 Henrah Cii	☐ Town	11 /16/20/1	Email
Judith Kay Bodden	Judiel Kay Bodden	City: Moriena UI zip. 5374	Villee Monona	(Month) (Day) (Year)	Phone (
11. 4 - 1 - 1	/ Certification	of Circulator	III d il d d.	, 7	A23
Margaret J. Arnola	, (cert	ify): I reside at 2201 Common wear	MAVE Madis	on we	Circula

I, (certify): I reside at (Circulator's Residence – Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

| Page No. (Official Use Only) (Signature of Circulator)

(Circulator's Residence – Street name and Number)

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Wanda Verdon	Wanda Veolin	street: FOZ Northwestern Av City: Madisan zip: 53704	Town Village Madtson	/H/20 (Month) (Day) (Year)
2. Julie Erwziar	tuled fragano	Street: 4045 Chevekee Dr CRY: Madison Wizip 7753	Town Village Wadison	(Month) (Day) (Year)
MARIANN BERTRAM	Marian Beitra	Street: 1700 WALLADYA WAG City: MADISCA 17 Zip: 53 7/3	Town Wadison	// /6/2011 (Month) (Day) (Year)
JESSIUA COLLURA	Jessia Ollina	street: 3146 AlbaBjud #4 City: Middleton 21p: 53562	Town Village Middleton	
MagaetNowicki	Magazet	street: 2145, Orchard 5th City: Madison W1 21p53715	Town Village Madison	// // 20/1 (Month) (Day) (Year)
6.ANDERS EANICHKOWSKY	O'fammy	Street 72 N FEW #2 City: MADISON WI zip: 53703	D Town Uvillage Picity Madison	
" ALLEN & BONDEN	alla chet	Street: [Q 2 HENALT CLA City: MONONA Zip: 5374	Town Village Monona	4 //6/20 <u>U</u> (Month) (Day) (Year)
Britt 2ny Renout	BB2	Street: 8001 Ritz Dr #313 City: Modison zip: 53719	D Town Willage Hadison	(Month) (Day) (Year)
Stephanie Bianco	Alban	Street: III W. Gilman St, Apt 1 City: Madison zip: 53703	Urillage Hadison	//b/2011 (Month) (Day) (Year)
Kinso Zhonsm.		street: 6 Cafunct av city: Malson W zip: 53765	Uvillage Madison	M/ 16201 (Year)
Margaret J. Arn	Certification o	f Circulator y): I reside at <u>220/ Common wea</u>	1th Ave Madiso	a WT
(Name of Circul	lator) U	(Circulator's Residence - Street name and	(Cinculated)	tundain alian

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(Month)

(Day)

(Circulator Municipality)

Circulator Phone

Email

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1. Rosemary Bloedorn	1/ Shedim	Street: 3001 - Way 1104a Way City: Madison zip: 53713	Town Village Mudison	// /E/20// (Month) (Day) (Year)
Quanto Vitceria	rebula steerda	Street: 2033 G. Terrace St Che Anegorice W. 2163546	Town Village A neso (le	// // 20/1 1 (Month) (Day) (Year)
Natalie Indajer	Natale Indage	street: 1021 Bedford DR, city: Janesurlle WI zip: 53546	Town Village Janesville	
Heilis Skarfe	Jeenslub	Street: 2218 West Lawn Acc City: Marlison Zip: 53711	Town Village M Cult You	(Month) (Day) (Year)
Bretton Butzman	Bretton Butyman	street: 4502 Hammersley Rd. City: Madison, Wi zip: 53711	Town Uvillage Recity MadiSon	
Jon Otterson	Jon 7. Oller	Street: 4914 Academy Dr., City: March 50n Zip: 53716	Town Village Madison	(Month) (Day) (Year)
Jan Hawan	Jan densm	Street: MAYNOTTE. City: NISAN Zip: 5314	City Nat Du Buft	(Month) (Day) (Year)
Any Merpy	alry	Street: 135 Glenwayst City: MADI SIN WI Zip: 53705	City MAVOISON	/1 /20/1 (Month) (Day) (Year)
Thy tran	7 1	Street: 3526 Lucia Crest City: Madison WI zip: 53705	Drive Madison	\\ \/\(\lambda\/\lamb
GAIL KOHL	Sail Kohe	City: Madelan W zip: 55705	Town Village Madism	// /6/20 (Month) (Day) (Year)
Margaret J. Arnola (Name of Circular	ator)	fy): I reside at <u>120/ Lomm on Weal</u> (Circulator's Residence – Street name and	d Number) (Circulator N	
ersonally circulated this recall petition and personally obtate paper with full knowledge of its content on the date indice (Month) (Day) / 20/(Year)	uned each of the signatures on this paper. I know that it ated opposite his or her name. I know their respective to the signature of the signa	ne signers are electors of the jurisdiction or district represented by the esidences given. I support this recall petition. I am aware that falsifying (Signature of Circulator)	ng this certification is punishable under S.12.	13(3)(a), Wis. Stats. fficial Use Only)

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1. Zachariah Reynolds	Regulation	Street: 7414 Contury Place City: Middleton zip53562	Town Village Middle ton	((/15/20 <u>U</u> (Month) (Day) (Year)	Ema
2. Any HendRickson		Street: 2826 (Inmaron TVL with City: Madison WI zip: 53719	□ Town □ Village □ City madi SS on	1//15/2011 (Month) (Day) (Year)	Ema Phor
KAREN FOSTER	1	GIVMADISON WI ZIPS 37/9	Town Village	1(/ 5 20 11 (Month) (Day) (Year)	Ema Phor
4. Amanda Espinosa	amarda C. B. Espirios	Street: 2818 Cimarron Trail	□ Town □ Village ■ City Madison	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Ema
Giancarlo Espinosa	In En	Street: 2818 CimarronTr. City: Madison WI zip: 53719	□ Town □ Village City Madison	(Month) (Day) (Year)	Ema
Norther Martin	17	Street: 2810 Cimaron Tr City: Matilan Zip: 53719	□ Town □ Village □ City Ma Jo Sarra	(Month) (Day) (Year)	Pho
7.	dism m Bladex	Street: 2810 Cimarron TT City: Madyim zip: 53719	Town Village Madim	11 /15/20 <u>11</u> (Month) (Day) (Year)	Ema
* Brigid Stark	bright a Start	street: 3129 Keith bridge Civ City: Mt-Hovel zip: \$3572	l <u>-</u>	W/65/20 <u>U</u> (Month) (Day) (Year)	Pho
ARL ENE MOBERG	arlene Moherg	Street: 2823 Cimarron Irl City: Mahsa W. 1153719	Town Village Madson	M / 2011 (Month) (Day) (Year)	Phor
Reith DAZZ	Kuth lab	Street: 3129 Kerika Gla. City: Mr. Wret w; zip: 53573	Town Village Grundale	Month) (Day) (Year)	Ema Phor
Ω , $-$	Certification o		T, City of		BI
Beverly 5 m	artin,(certi	fy): I reside at 18 mesa Ct	madi	130 W_	

Ι, ͺ (Circulator's Residence - Street name and Number) (Circulator Municipality) (Name of Circulator) (Name of Circulator)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition, thou that each person signed the paper with full knowledge of its content on the date indicated opposite his or hermame. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Signature of Circulator) (Day) (Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Susan J. Ragotzkie	Susan Ragotke	street: 2894 Cimarron Trail City: Madison W1 zip: 53719	□ Town □ Village SCity Maduson	
2. Anaela Troia	Angle I	Street: 2890 Cimarion Trail	Town Wadison	11 /15/2011 E (Month) (Day) (Year)
ORE KALTENBERG	Land Koller	Street: 2886 Cimamon Trail City: Madison WI zip: 53719	Town Village City Madl 807	15 /39 E 15 /20 11 P
1 Day (75WA)		50 Cimmyon TV.	Town Macroco i	1 1 6 E
5. Sara Vilayona	Sava Vilaving	street: 2864 Cimarron Tr. City: Madi Son, WI zip: 53719	Town Willage Madi Son	1/5/2011 P
Verry Vilavona	Jerry Ways	Street: 2864 Cimarron TRL City: Massison zip: 631,9	Town Willage Madison	
Claudia Cona Costas	Clardie C. Luns	Street: 2856 Cimpoteron Tr	Town Village Modison	I / IS/2011 P
8. Padro Lames Révez	Ballery	Street: 2856 Gmarron tri City: Madison zip: 53719	Town Uvillage A City Maddiser	///5/2011 P
Junifer Stamton	Junikir Stant	street: 2854 Cimarron 144 City: MadiSon, W\ zip:53119	Town Willage WAG (SDN	V / (5/20 M P P
Kathy Marryla	Holly Margelay	Street: 28 92 Cimarion Tr) #1 City: Madion, CR zip: 53719	Town Village Maduson	Month) (Day) (Year)
(Name of Circuit personally circulated this recall petition and personally obtain the paper with full knowledge of its content on the date indicate in the paper with full knowledge of its content on the date indicate in the paper with full knowledge of its content on the date indicate in the paper with full knowledge of its content on the date indicate in the paper with full knowledge of its content on the date indicate in the paper with full knowledge of its content on the date indicate in the paper with full knowledge of its content on the date indicate in the paper with full knowledge of its content on the date indicate in the date in the paper with full knowledge of its content on the date in the date in the date in the paper with full knowledge of its content on the date in the date	Certification (certificator) ained each of the signatures on this paper. I know that the		officeholder named in this petition. I know the	Municipality) hat each person signed 13(3)(a). Wis. Stats.

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Page No. (Official Use Only)
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1. Nancy Schoenhen	Mhrs	Street: 2825 Cimarvon Tvl City: Madison WI zip: 53719	Town O'Village City Madu Sov	// /5/20]] E (Month) (Day) (Year)
DARREN GOURAN	Danle	Street: 2831 CIMARICA TRACL City: MADRON Zip: W1	Town Village WADSC~	(Month) (Day) (Year)
3. Heather Garland	mu	street: 7843 Chrowron TVal City: Modloson Zip: 53719	☐ Town ☐ Village ☐ City	(Month) (Day) (Year)
	anter Rhemas	street: 0838 Cimarron trail 537/9 city: madiren Zip: 20	Town Village Madison	11 / 5 / 20 11 E
5. Claudia Akyeampona		Street: 2849 Cimarron Trl Apt Z City: Madd Son Zip: WI	Town Village Stity Walter	11 /15/20 <u>11</u> (Month) (Day) (Year)
Comport AKTEAMONG	Chappong	street 2849 Gmarron Trl. Apt city: Madi 500 zip: WI		
Nathan Sauer		Street: 2855 Cimarron Tr *Z City: Madison WI zip: 53719	Town Village Madison	
*Alex Simenez	atimez.	Street: 2859 CIMENIO TVI # City: Madison Zip: 53119	Town Village Wadison	// /5/20// [Month) (Day) (Year)
s. Esmeralda Radrigez	ELIN	Street: 2859 Cimerron dr.	Town Village City ASSE	//5/20 <u>//</u> (Month) (Day) (Year)
Noel Autor	Den / Onton	street: 4 Corono ot City: Madison zip: 53719	Town Village Madison	///5/20
	Certification		HI Citar:	8
Beverly 5 r	Martin, (cert	tify): I reside at 18 Mesa Ct	mad!	1500
(Name of Circul	ator)	(Circulator's Residence – Street name ar	nd Number) (Circulator	Municipality) that each person signed

the paper with full knowledge of its content on the date indicated opposite his or her name, I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Day)

(Year)

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Jeremy Bernien	Jeremy Bernin	Street: 4 Corona Gurt City: Madison Zip: 53719	□ Town □ Village ☑ City	11 / 15/2011 (Month) (Day) (Year)
Ofelia Garcia	SER	street: 4 Corona Court City: Madison WI zip: 5379	Terown □ Village □ City No. 1750	// // // // // // // // // // // // //
Sandia Jonsales	Saucha gonzals	Street: U corona coort City: MB Dison Wi zip: 53719	Town Village HADISON	// /5/20// (Month) (Day) (Year)
Justin Endo	Ch	Street: 1 Corona Ct Chy: Madison W/Zip: 537/0	Town Radiscin	(Month) (Day) (Year)
Sachiko Endo	210	Street: 1 Co: one ct City: Madison, W/ Zip: 53719	Town Village City Coc Son	// //5/20// (Month) (Day) (Year)
RosalindaRotane	Don Rofes	Street: 2869 CinavionTrl City: Madison zip:53719	Town Village City Wildiage	
pedro Retan	Deck fruit	street: 2869 Cimarron Trl City: Madison zip: 53719	□ Town □ Village □ City M	\\\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
andral Mathews	Dan Matter	ety: Mandon () is zint 27 19	Town Village City Mad Cott	1 / 1 20 1 (Month) (Day) (Year)
Wesley Martin	RAAWA	Street: 18 Mesa C+. #2 Chy: Madison WI zip:537/9	Town Village Madison	11/5/20 II
LauraTettha	Jaug HAD	Street: 18 Mcs2C+ #4 City: Madison zip:5379	Town Village Wad:SW	11/15/2011 (Month) (Day) (Year)
- ·	Certification	of Circulator	city	e &
Beverly 5 mar	Him. (certi	ify): I reside at 18 Mesa C+ 7+	Madison	<u> </u>

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Gillian Nevers	Zillie Nevers	Street: 2022, Jefferson City: Madison 21p:53711	Town Village Madison		Email Phone	
2. Shawn Schey	Thawn Schey	Street: 879 Woodrow City: Madison WIzip: 5371	Town Village Madison	11 /15/2011 (Month) (Day) (Year)	Email Phone	
Juanta Fields	Mu f	Street: 2121 MadiSCM St City: MadiSCM Zip:577//	Town Village WadSW		Email Phone	
Brenda Woodford	Bendoorfor	Street: 3810 Odana Rd City: Madison zip: W1	Town Village Machson	11 /15/20_11 (Month) (Day) (Year)	Phone	
5. Junifor oppneent	Dom-	Street: 443 S. Main St. City: Verma-Wl Zip: \$3593	Town Village City Vecana	// //5/20// (Month) (Day) (Year)	Email Phone	
" Leigh Ann	Botoe	Street: 5825 Peraimmon Dr. City: 400,500 zip: 5371)	Town Village UMiSON	U//35/2011 (Month) (Day) (Year)	Phone	
"Michael Feldman	Midealelan	Street: 1910 Van buran St.	Town Village Modison		Email Phone	
8. Molly Kelley	Moleybellen	Street: 1933 Monroe St City: Madison zip: 53711	Town Village Madison	(\) / \\ \\ 20_(\) (Month) (Day) (Year)	linone	
9. Flannery Pendergast	ry ha	Street: 48 Goldenrod Ln #5 City: Madison zip: 53719	Town Village City Madison	11 /15/20 <u>11</u> (Month) (Day) (Year)	Email	
10. Karen F. Tardrev	Down	Street: 850 Woodrow St City: Madison WI Zip: 53711	Town Village Madison	/15/20_11 (Month) (Day) (Year)	Email	
Daniel 1 1 90/6	Certification of		+ Aladis		Að	

(Name of Circulator)

I personally circulated this recall petition and personally obtained each of the signatures of this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. Lknow that respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Jim Schrader	Jim School	Street: 109 Shepaya Terraci	Town Utillage Madeson	// //5 / 20 (Month) (Day) (Year)	Ema Phor
David J. Hildner	Dand J. Kildown	Street: 1620 Monrae St. #F City: Madison W1 21p: 537/1	Town Village Madus un	// /5/20	Ema
3. Lisa Schroeder-Omar	Assamodoox	Street: 4209 Rolla LN City: Madison 53711 Zip: W1	Town Village Madison	(Month) (Day) (Year)	NS Phor
JOHN HIRSCH	GL	Street: 2714 Warner St City: Madison zip: 537/3	□ Town □ Village □ City Maduson	// //5/20// (Month) (Day) (Year)	Phon
5. JONATHAN J. BOHMAN	J. Bohrman	Street: 10 PELHAM CT, City: MADISON Zip: 537/3	Town Village Poity MAOISON	// //5/20 <u>//</u> (Month) (Day) (Year)	Ema
6. Melanie M. Sax	Melane M. Xax	Street: 60Z · Stockten Ct. City: Madison WI zip: 53711	Town Village Machison	(Month) (Day) (Year)	Pho
"Calcah Herm	Calcal A.	Street: 1/0000 Monroe ST#C City: Madison W7 zip: 53711	Town Village MacHSON	(Month) (Day) (Year)	Ema (Phor
Sanet O'Neill	fand KO'Reill	Street: 2210 Fox Ave City: Madison zip: 53711	Town Village Madison	1 /15/2011 (Month) (Day) (Year)	Ema
9. Harlan D. Kochling	Anden H. Ken Glen	Street: 22/C Fox Ave City: Madison zip: 537//	Town Uvillage Deity Mad isan	// // 5/20 <u>//</u> (Month) (Day) (Year)	Ema
Robert Es ser	Korul Dise	Street: 1814 Kexes Ave City: Madrion Zip: 53711	Town Village Madison	(Month) (Day) (Year)	Ema
Certification of Circulator					
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1	Cermical	non of Circulator		
I, TRANKLYNN FETERSON	/	, (certify): I reside at 3006	GREGORY STREET	MANSON W/
(Name of Circu	ulator)) (Circulo	tor's Residence - Street name and Number)	(Circulator Municipality)
I personally circulated this recall petition and personally of				
the paper with full knowledge of its content on the date ind	icated opposite his or her name. I know their resp	pective residences given. I support this	recall petition. I am aware that falsifying this certificate	ation is punishable under S.12.13(3)(a), Wis. Stats.
November 15 /2011	China	1		Page No. (Official Use Only)
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DAME To a si	01	Rural address must also include box or fire no. Stree 5741 Bittensweet PC	(Indicate Town, City, or Village) □ Town	11/1000
AVID TENENBAUM	Hand Jame	CIMAPISON Zio:53705	City MADISON	(Month) (Day) (Year)
PAULA VOLPIANSKY	faule Floppianske	Street: 5213 CONEY WESTON PL City: MADISON WI Zip: 53711	□ Town □ Village MADIS ON	// /5/20// (Month) (Day) (Year)
Franklyngeterson	Zer Broken	Street: MADISON WI Zip: 53711	Town Village MADSON	11/15/2011 (Month) (Day) (Year)
Jusi K-Turkel	Jusik-Durled	Street: 3006 GREGORY ST City: MADISON WI Zip: 5371	Town Wadison City	// /5/20 1/ (Month) (Day) (Year)
Rachel Jacques Holloway	Rochel Jacquire	street: 930 S. Brook St. Apt. 3 City: Madison Wl zip: 53715	Town Village City Moduson	(Month) (Day) (Year)
Jacob Blasczyk	Jel Dasz A	street: 2106 Keyes AU City: Madison zip: 53711	Town Diffage City Malison	11 /5 /2011 (Month) (Day) (Year)
Kathleen Beckett	Kathleen Beckett	Street: 2533 Gregory ST City: Wadism zip: 53711	Town Village Madison	11 /15/20/1 (Month) (Day) (Year)
Martha Kaplan	Morthe Kaplen	street: 1410 Seminole Hwy City: Madison zip: 53711	Town Village Som Watison	// //5/20// (Month) (Day) (Year)
Sarah Jamison	Sarah Danism	Street: 94 HESSEI CT. #33 City: MADISON, Zip: 53711	OTOWN OVIllage City Madisau	kt / 15/20_11 (Month) (Day) (Year)
LOBERT H. STOCKEDN.	Melet Halled	Street: 4506 HERRICK LANK City: MADISON Zip: 537//	Town Village WADISON	// //5/20// (Month) (Day) (Year)
11 71:	/ Certification o			
Lawklyun TeTelso (Name of Circulo		fy): I reside at 3006 GREGORY ST		

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(Year)

(Day)

(Month)

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Street: 2904 Creany ST Town Village RCity MAdism (Month) (Day (Year)	Email Phone			
City: Fill of Zip:	Email.			
2. James II Town Village Village Village	Phone			
Street: 24 45 401 200 Village Mad 1500 Village Mad 1500 (Month) (Day) (Year)	(6			
Craig Wehrle Craix Wehrle City: MAD 150N Zip: 53705 Sticty MAD 156N (Month) (Day) (Year)	Email Phone L			
City: M 412 [3017 Zip: 5] / 0 5	Email .			
4. AWRENCE T- Street: 729 Huran Hul Town Village	lo			
LATTY WNITE THE City: MODISON Zip:53711 MCity MADISON (Month) (Day) (Year)	Phone (
Virginia D. White Virginia D. White Street: 729 Huron Hill Town Village Village Village	Email			
City: Madison Zip: 53711 ACity Madison (Month) (Day) (Year)	Phone (6			
6. Street: 4229 DANCASTER DR. Town 11/15/201	Email			
DENISE BERGE City: MADISON WI Zip: 537/1 Willage (Month) (Day) (Year)	Phone (6			
7.	Email			
Berid Berge Avid Buge City: Madison WI zip: 53711 Willage Month) (Day) (Year)	Phone (6			
8. Street 2 Street Campe, Town	Email			
Debra Schrede Deha Johnader City: Madron Wil zip: 53717 City Maro 150n (Month) (Day) (Year)	Phone (o			
9	Email			
Aleksandr kladnitsky Aluluh Hull Street: 1932 University Ave Apt. 304 Town Village Madison 11/15/2011 City: Madison Jzip: 53726 City Madison (Month) (Day) (Year)	Phone (6			
10.	Email			
Marni Ginsberg MamiGray Street: 1932 University Ave. Apt. 304 Town Village McCity Madison (Month) (Day) (Year)	Phone			
City: Madison Zip: 53726 City Madison (Month) (Day) (Year)	1 2/6			
FIRANKLYNN PETERSON CErtification of Circulator (certify): I reside at 360 6 GREGORY STREET MADISON WI	AHI			

(Name of Circulator)

(Circulator's Residence – Street name and Number)

(Circulator Municipality)

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1. Éagene Gilbert	Euge silled	Street: 51 Malibul Dr City: Madisan Wi zip: 537/3	Town Uvillage City Yn ad i 50 M	///6/20// (Month) (Day) (Year)	Email Phone
Lynn Gerber	Hunn M Herbe	Street: 1/14 Moorland #207 City: Machine Zip: 53713	Town Village City Madison) // (d 20 // (Month) (Day) (Year)	Email Phone
3. Detty J. Seely	Berry Hely	Street: 6 2 Venstea PKing City adison W 21053713	Town Village City MadiSON	// /6/20 HP (Month) (Day) (Year)	Email Phone
4. Willie Jue	will be	street: 40 RUSTIC	Town Village City Mad Son	$\frac{1}{201}$ (Month) (Day) (Year)	Email Phone
5. NOI CHANNER	af dulut	Street: 34 EUSTIC VIKENAY City: MAD(SON Zip: 53713)	Town Village HC	(Month) (Day) (Year)	Email Phone (
Fank Tomaszensk	Soul	Street: 76 Rustic pkny City: Madisun zip: 53713	Town Village City MadiSon	// /6/20// (Month) (Day) (Year)	Email Phone
KAREN Tunaszewski	Kain bromuste	Street: 76 Rustic PKW4 City: Midi Son zip: 53713	Town Village City Mad-Son	///6/20// (Month) (Day) (Year)	Email Phone (
8.	3	Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone (
9.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
Hency Pulett	ator)	fy): I reside at (Circulator's Residence - Street name and		Municipality)	A I 4 Circu
personally circulated this recall petition and personally obtate paper with full knowledge of its content on the date indic (Month) / (Day) / 201 (Year)	ained each of the signatures on this paper. I know that it ated opposite his or her hame. I know their respective r	ne signers are electors of the jurisdiction or district represented by the signered given. I support this recall petition. I am aware that falsifying (Signature of Caculator)	ng this certification is punishable under S.12.	13(3)(a), Wis. Stats. Official Use Only)	

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Henry PolleTT.	Henry Palloti	street: 9 havest cir. City: MadSon zip: 53713	Town Village City MadiSon	(Month) (Day) (Year)
PATRICK DURK hER	Johnick / Durochi	Street: 14 Harriest Cur City: Merchison 21p: 537/3	Town Village Wadisol	///6/20 <u>//</u> (Month) (Day) (Year)
13. Kay e Jero	Kane gero	city: Madison zip. 537/3	Town Village City Madison	// /6/20// (Month) (Day) (Year)
1. Paul Clampit		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
Paul Clampitt	Paul Clampitt	street: 7 Har Vest Circle City: Madison WI zip: 53713	□ Town □ Village ☐ City	(Month) (Day) (Year)
Roter Jewith		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
Robert Hewit	Robert Henrit	street: / Harvest of role City Madison zip: 53713	Town Village Mad/Son	///6/20// (Month) (Day) (Year)
8. Retzyfenne	Bety Fenne	City: Madison zip: 53713	□ Town □ Village □ City	(Month) (Day) (Year)
9. NANCY J. TROTTER	Dancy J. Trotter	Street: ble Halleywood Dr. City: Madison WI Zip: 99/66	Town Village City Madison	///6/20 <u>//</u> (Month) (Day) (Year)
10. Sarky A Hours	Landy A. Holler	Street: 70 Hawword Dr City: Midson zip: 57713	Town Village PCity MadiS	/ //φ/20/1 (Month) (Day) (Year)
Certification of Circulator				
(Name of Circul	ator)	fy): I reside at (Circulator's Residence - Street name and		
personany circulated this recall petition and personally obtate paper with full knowledge of its content on the date indic	atted opposite his or hel name. I know their respective	he signers are electors of the jurisdiction or district represented by the assignment of the falsifyi	officeholder named in this petition. I know the ng this certification is punishable under S.12.	13(3)(a), Wis. Stats.

(Month)

(Day)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
JEFFREY JERROD	A KIND	Street: 860 WOODROW	Town Village City Control Co	(Month) (Day) (Year)
tdam Chaffee	adaull	Street: 866 Woodrow St. City: Madison W). zip: 53711	Town Village City Madison	(Month) (Day) (Year)
AndreaChaffee	andreachafbee	Street: 866 Woodrow St City: Madison WI Zip:53711	Town Village Kity Mad 1800	// /5/20// (Month) (Day) (Year)
Steve Tardrew	Aplen	Street: 850 Woodrow St. City: Madison Zip: 53711	Town Village Madison	// /15/201/ (Month) (Day) (Year)
Pances Wesley	Traves MWesler	Street: 833 Terry Place City: Hadison Zip: 53711	Town Village City Madison	// /5/20_11 (Month) (Day) (Year)
FRIC SEVERSON	Grit	Street: 841 TEXXY PL City: MAD ISON Zip: 53711	□ Town □ Village □ City MAOISON	M //5/2016 (Month) (Day) (Year)
15 Alie C. Breitenbach	Resolve & Bredenboo	Street: 8537erry PL Activ: MADISON Zip. 53711	Town Village Madeson	// /5/20 // (Month) (Day) (Year)
Seth Meisel	Son	Street: 861 Terry City: Madison WF zip: 53711	Town Village Seity Maduse	1 /15/201/ (Month) (Day) (Year)
MICHAEL BRUKE KING	WBunking	Street: 873 TERRY PL City: MADISON WI zip: 53700	Town Village City City	// //5/20// (Month) (Day) (Year)
aren Elizabeth Fennema	Flemmenus	Street: 873 Terry Pl City: Madison W zip: 5371	Town Utillage G-City Town S-City	// /5/20]1 (Month) (Day) (Year)
hris Carlon-Da (Name of Circula)		of Circulator tify): I reside at 840 WOODROW St. (Circulator's Residence - Street name and	Madison	Municipality)

(Signature of Circulator)

(Month)

(Day)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.
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Pam Guilbault	Para & Sin bank	Street: 871 Terry Place City: Madison zip: 53111	Town Village City Madison	\(\frac{1}{\sqrt{5}/20\sqrt{1}}\) (Month) (Day) (Year)
2. Beth Kienbaum	Beth Kienbaum	Street: 858 Terry PC City: Madison Zip: 53711	Town Village Madison	/1 /15/20_1((Month) (Day) (Year)
3. DENNIS KIENBAUM	Count Kienhaum	Street: 858 TERRY PL City: MAD ISON, Zip: 53711	Town WAOISON RCity	
Reter Niavold	Re M. hind	Street: 850 Terry Place City: MASisaN zip: 53711	Town Village City Mad.s.	11 /15/20 <u>11</u> (Month) (Day) (Year)
5. Janet Niewold	Janut In revold	Street: 850 Terry PL City: Madison W(Zip: 5374	□ Town □ Village Madison □ City	11 /15/20 <u>11</u> (Month) (Day) (Year)
"Mary V. It. Jones	Mary Vi H. Jones	Street: 846 Terry Pl City: Madison Wi Zip: 537/1	Town Willage Malicon	// /15/2011 (Month) (Day) (Year)
Oner R Jones	Omer Dones	street: 846 Terry place city/Madison WI zip.53711	Town Willage Madison	(Month) (Day) (Year)
Sara Jurgella	Sana Jurgella	street: 821 Terry Place City: Madison, WI zip: 53711	Town Village Madison	/ 6/20 1 (Month) (Day) (Year)
KARL N. KNAW	MAN	Street: 833 TERRY PLACE City: MAD/50N WI Zip:537/1	□ Town □ Village □ City MADISON	(Month) (Day) (Year)
io. Villiam C. Rattunce	War C- Katturo	Street: 238 WOODROW ST. City: MANISON Zip: 5321/	Town Utilage City MEDISON	//5/20// (Month) (Day) (Year)
Colon Dall	Certification	of Circulator	4.4	-
onally circulated this recall petition and personally obtate with full knowledge of its content on the date indicated the content of the date indicated the date indicated the date in t	ator) ained each of the signatures on this paper. I know that	ify): I reside at (Circulator's Residence – Street name and the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsify	e officeholder named in this petition. I know ing this certification is punishable under S.12	Municipality) hat each person signed

(Signature of Circulator)

(Month)

(Day)

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

THE MUNICIPALITY USED FOR MAILIN	Constitution and S.9.10 of the Wisconsin Standard Purposes, when different than municipal	UTY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUI	VICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
LHRIS CARLSON-DAKES	Chio Can Owh	Street: 840 WADDROW ST. City: MAX DIS ON Zip: 53711	Town Pillage Madison	11 /15/2011 (Month) (Day) (Year)
Kirstin Carlson-Dakes	Kirstin Caro Des	size 40 Woodnewst.	Town Village RCity Madison	(Month) (Day) (Year)
JULE WEIS	Julie Weis	Street: 1853 HELENA 5T City: MADISON, WI zip: 53704	Town . Village Madison	// /5/2011 (Month) (Day) (Year)
Daniel Pawluk	Dent and	848 TI- CAN' CH	Town Uillage Madison	// 45/20_((Month) (Day) (Year)
Maria Ratturde	manskattide	Street: 838 Wacdrow St. City: Madison WI zip: 53711	Town Village Made Son	11 /15/2011 (Month) (Day) (Year)
Tim Barke	For Backe	Street: 1005 Grayt St #3 City: Madison Zip: 53711	Town Utillage Maddson	U (/15/20 <u>//</u> (Month) (Day) (Year)
Greg Gilles	92 Talls	Street: 830 Woodrow 56. City: Mad 1500 WI Zip: 5371	Town Walison	U / 18/20 Ll (Month) (Day) (Year)
Joe Nosek	Ja Not	Street: 836 Woodrow St. City: Madison Zip: 537//	Town Madison	///5/20_// (Month) (Day) (Year)
CRWHOU ROGERS	CurreReyee	Street: 844 WOOdPOW 17. City: Mad Von W zip: 53711	Town Village Mad Jon	/15/20 <u>/ </u> (Month) (Day) (Year)
O. YARL CEN	Aful U	Street 860 WOODROW ST	□ Town □ Village □ City □ M M OI S ON	11 /15/201) (Month) (Day) (Year)
Chr> > CARISON	Dakes Certification, (cert	of Circulator http://itreside.at_840 Woodnaw S	ST- MADISON	<u> </u>
Name of Circonally circulated this recall petition and personally o		(Circulator's Residence – Street name an the signers are electors of the jurisdiction or district represented by the		Municipality) that each person signed

(Signature of Circulator)

(Month)

(Day)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
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1. Michael Correll	Mend Coult	street: 8511 Greenway Blvd Apt #107 City: Middleton zip: 53562	Town Village Middleton	
2. Lance Ship	Jane SA	street: 318 Island Dr. Apt # Pl City: Box Madison W zip: 53705	Town Willage Modifica	(Month) (Day) (Year)
orin leary	ellay	Street: 4/1 W. WISSL St. #B City: Madron WI zip: 53703	Town Utillage City Madin	(Month) (Day) (Year)
1 Gy Malles	Pul cu	Street: 1360 RESEAT ST City: Aglissa zip: 53715	Town Village City Malison	// / / 20_1_ (Month) (Day) (Year)
5. Lawrence Kohn	Lawrence Kohn	Street: 5213 Fairway Drive City: MADISON zip: 53711	□ Town □ Village ▼City MADLSON	11 /15/2011 (Month) (Day) (Year)
6. Jessica Usem	Jusian	street: MUH Langdon St.	Town Willage Madison	// / 20 // (Month) (Day) (Year)
Cecilia E Ford	Clarka EDO	Street: 6(8 Chapman St CH) Maduson Wl zip: 53711	Town Usilage Weity Madison	11 /15/20 11 (Month) (Day) (Year)
8. Elisabeth L. Miller	andth I Milly	street: 214 N. Blount St. City: Madison zip: 53703	Town Willage Man 500	11 /15 /20 11 (Month) (Day) (Year)
our they Lasseter	cfm 2	Street: 2129 Fox Ave City: Madison zip: 53711	Town Village Madison	11 /15/2011 (Month) (Day) (Year)
Tregory S. Galica	Gregory S. Falica	Street: 430 Cantwell St. C4) City: Madison zip: 53703	Town Village WadiSon	///////20
Parthy Schachte	Certification (cert	of Circulator ify): I reside at 430 Cantwell Ct	-C Madison (City)

I, Certify): I reside at 430 Control Circulator's Residence – Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.					
THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	IICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.	
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1. Rebecca Vines	Relun Voy	street: 1340 Mound Street City: Madison Wizip: 53715	Town Village Madison	(Month) (Day) (Year)	Email Phone
2. Andrew Rice	12	Street: 1621 Madisan St. City: Madkon WI zip:53711	Town Village / Va 1500	(Month) (Day) (Year)	Email C b
JULIA KEEL	pu	Street: 1626 MADISON City: MADISON zip: 53711	Town WADISON	(Month) (Day) (Year)	Email Phone
IAN DOBSON	Ian Pola	street: 1633 MARISON ST City: MARISON Zip: 53711	Town Uvillage MADISON	1//15/20 (Month) (Day) (Year)	Email A Phone
Cynthia Dobson	C7Ds	street: 1633 Madison St City: Madison zip: 53711	□ Town □ Village	1 / /5/20// (Month) (Day) (Year)	Email Phone
Sash Berst	JOH BOX	street: 1633 mad 3an St. City: Madson WI zip: 5371	Town Village Mad, 3en	11/5/20 <u>11</u> (Month) (Day) (Year)	Phone (6
Solye Hom72	Aut Mrs	Street: 1635 Maid Joh It City: Madrison W zip: 53711	Town Village P City May Ju	1 1/15/20_11 (Month) (Day) (Year)	Email Phone
8. Patrick Fry	129MSm	Street: 1672 Mad Son St #1 City: Mad Son w (zip:53711	Town Village Mad Esy	(Month) (Day) (Year)	Email Phone
9. Robert Ostergren	Klack Ale	street: 906 Goefield St city: Madson WI zip: 53711	□ Town □ Village A City Madison	// /5/20 <u>[/</u> (Month) (Day) (Year)	Email Phone
Carol Ostergren	Carol Osteven	Street: 906 Garfield St. City: Madison, WI zip: 53711	Town Village Madison	//5/20 <u>//</u> (Month) (Day) (Year)	Email Phone
Eugenia Roman (Name of Circuit resonally circulated this recall petition and personally obtained with full knowledge of its content on the date indicated the source of the content on the date indicated the source of the content on the date indicated the source of the content on the date indicated the source of the content of the conte	lator ained each of the signatures on this paper. I know that t	of Circulator ify): I reside at(50\) Some Some Support the signers are electors of the jurisdiction or district represented by the residences given. Lysupport this recall petition. I am aware that falsifying the signers are support this recall petition. I am aware that falsifying the support this recall petition.	Modis d Number) (Circulator M cofficeholder named in this petition. I know the	hat each person signed	Circu

(Day)

o the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott /alker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

TUE MINIOUS AT PRO-	USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT	V OF DESIDENCE IS NOT SHEELCHENE		Madi
THE MUNICIPALITY (THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			1
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
11: SUSAN SCHRDEDER	street: 5325 Brody Dr Apt 104	☐ Town ☐ Village ☑ City	11 /15/2011	Ema
: Susan Schwedu	city: Madison zip: 53705	Madison (Municipality Name)	(Month) (Day) (Year)	(6
Kelly Ocasio	Street: 5325 Brody Dr. #101	☐ Town ☐ Village ☑ City	11/15/201)	Emai
.Killymbeagir	city: Madison zip: 53705	Municipality Name)	(Month) (Day) (Year)	Phon
Brian Sandwick	Street: 5325 Brody Dr APT 104	☐ Town ☐ Village ☑ City	11/16/2011	Ema
: Brisa Dentied	city: Madison zip: 53705	Madisən (Municipality Name)	(Month) (Day) (Year)	(
Margaret Schroedy Margaret Schwood	Street: 7695 Lone Pine Road	Krown O Village City Brigham	11/142011	Phor
Margaret Schwede	city: Barneveld zip: 53509	(Municipality Name)	(Month) (Day) (Year)	(6
ti	Street:	☐ Town ☐ Village ☐ City	/ /20	Emai
	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phor
·	Certification of Circulator	CITY OF		
SUSAN SCHROEDER (Printed Name of Circulator)	(certify): I reside at 5325 BRODY DR Apt 10 (Circulator's Residence – Street Name and Nur	MADISON	cipality)	Circulat Please inclu
ed in this petition. I know that each person signed the	obtained each of the signatures on this paper. I know that the signers are elector paper with full knowledge of its content on the date indicated opposite his or its punishable under \$12.13(3)(a). Wis State			Phone (60

(Month)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILIN	G PURPUSES, WHEN DIFFERENT THAN MUNICIPALI	IT I OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUI	VOTING	S BE LISTED.
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: BARBARA BOWERS	Erbara Cower	Street: 5921 W/111 IAMSBURG WAY City: MAD 150 N. W/1 zip. 53719	Town Village City Calcon	(Month) (Day) (Year)
Advicin eliated	alia awatel	street: 5273 King Janes 17 City: Fithbers zip 53719	Town Village Pitchbors	(Month) (Day) (Year)
Dianne Hanson	Siame Hanson	street: 3729 Country Grave Dr. City: Marchison; WI zip: 53719	Town Village City Carlosow	
MERKDITA HAU	Hereleth Haufe	Street: 5936 701854 40 City: 116 Air 1-61 Zip: 3371	Town Village Value Val	/// 2011 (Month) (Day) (Year)
CLEMENT J. LA MERE	Out & huer	Street: 2921 MANHATTAN DR City: VERONA zip: 59593	Town Village City V&OVA	///6/20// (Month) (Day) (Year)
WHITE	J. 0	street: 5CCE3 King James	Town Village Fitchers	Month) (Day) (Year)
Lauri Ysen	Lun yen	Street: 1010 Pontiac City: Machson wi zip: 53711	Town Village City What Sen	(Month) (Day) (Year)
Chery Mabra	Cheul Molor	Street: 4415 Sentine Pass City: Fitchburge W) zin 53711	Town Village Filchburg	11/16/2011 (Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	Month) (Day) (Year)
).		Street: City: Zip:	☐ Town ☐ Village ☐ City	(Month) (Day) (Year)
HEODORE K LINDO		of Circulator ify): I reside at 4530 AZTEC TRAIL (Circulator's Residence – Street name an	CITY OF FITCH BURG d Number) (Circulator)	

ie paper with full knov	wledge of its conte	ent on the date indicated o	pposite his owner name. I know their respective residences given. I support this recall petition. I am aware that	t falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.
۱۱ /	16	/20 U	Ellaka	Page No. (Official Use Only)
(Month)	(Day)	(Year)	(Signature of Circulator)	# 1897
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

	onstitution and S.9.10 of the Wisconsin Stat			e pursuant to
THE MUNICIPALITY USED FOR MAILI	NG PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TTY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	TICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.
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DAVIDL. MAAIS	The Dit marks	Street: 3/1/ N/h 8/h 5/	Town Stillage City	(Month) (Day) (Year)
2.	Acres of files	street: 4911 Hammersley Rd.	□ Town □ Village □ Town	11/16/2011
Rebekah Leon	Robelton Jeen	city: Madison zip: 53711	Orcity Fladison	(Month) (Day) (Year)
Barbara Takkunen	Bartara Falkeinen	Street: 2769 Ledynn, + St City Lighting Zip: 4653711	Drown Village Fifchang	Month) (Day) (Year)
Dana Zaemisch	Anna Tarminal	street: 5805 Raymond Rd #C.	Town Village Malson	1
Robert A. Herbsley	Parket Herbold	Street: 13 Hoff Ct City: Madison zip: 53711	Town Village Scity Valiage	11 /16/2011 (Month) (Day) (Year)
Barbara Herbsley	Bartana Kerbler	Street: 13 Holf Of City: Madison zip:53711	Town Village RCity Madison	(1 / 1 0/2011 (Month) (Day) (Year)
Joson Longie	Change Comment	Street: 20/48 Fraze- Place City: 1/01/1504 zip: 537/3	ATOWN Village City Malison	//////////////////////////////////////
s. Mary Walker	Mary Walker	Street: 153 Paol, St City: Verona zip-53593	Town Verona	11 / 10 / 20 <u>11</u> (Month) (Day) (Year)
LAWREDCE WACKEH	Lourener 10 clase	Street: 153 PHEL: 51 City: VERCINA WIS 21p: 57593	□ Town □ Village □ City Verona	(
10. TIN KRANZ	Im Kran	Street: 1101 MCKENNY BLUE WILLS City: MDISON / W/ Zip: 537107	Town Village City Malison	/ 15 / 20 [1] (Month) (Day) (Year)
Certification of Circulator			CITY OF	
Character of Circ. Charac	ulator) tained each of the signatures on this paper. I know that the	fy): I reside at 4530 AZTEC TRAIL (Circulator's Residence – Street name and the signers are electors of the jurisdiction or district represented by the endences given. I support this recall petition. I am aware that falsifying	officeholder named in this netition. I know th	funicipality)
(Month) (Day) / 20 \(\frac{1}{20}\)	_ JULE	(Signature of Circulator)	Page No. (Q.	

(Month)

(Day)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Like Kould Coo O Pagos De 53575 Coo O Pago		Constitution and S.9.10 of the Wisconsin Standard Purposes, when different than municipal		ICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.
Like Koista Like Like Like Lands Rel. APT Prome Committee Committe	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS		MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
Regard Language Langu		Lilin		Village Village	— .
REIGH H. SALCHEN TO MILLON CONTROLLED TO CAN DECIDED TO CHANGE ON THE STORY OF THE	Rhonda Seligma	2 Days a		Village 1 1	, , , — ₁
Rose Jones Tose Jones Jo	Pera H. JALCITON	Pt U. Tellaw		Village	1 ** , * ,
Cynthias. Allbee Peter Cynthias. Bulker - them server WSDI State Ad 31 Crown Village City Committee Compliance State Ad 32 Crown Village City Committee Compliance State Ad 32 Crown Village City Committee Compliance Compl	Rose Jones	Rose Fores		□ Village ✓ () \	, ,
Street: USAL STOCK	Kinsteterson	Linet tun	1 -20 1 100	U Village /	, , ,
Town Village City Country (Name) (Day) (Year) Control Country Country	Cynthias. Allbee Peter	contra S. Bellice-Peterson		☐ Village	
City:		Stepnie M. Luison	1	□ Village	' ' '
Certification of Circulator (Circulator's Residence – Street name and Number) (Circulator Municipality) (Circulator Municipality) (Circulator of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed are with full knowledge of its content on the date indicated opposite his other name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.	ROBIN SCHNSON	Robin Johnson	N N C	□ Village (- \ -	1 · · · · · · —————————————————————————
Certification of Circulator Certification of Circulator City: The Color City: The Color City: City		Londo of Talson	city: Verona, zip. 58593	UVillage V	
Name of Circulator) (Circulator's Residence – Street name and Number) (Circulator Municipality) (Circulator Municipality) (Circulator Street name and Number) (Circulator Municipality) (Circulator Street name and Number) (Circulator Municipality) (Circulator Municipality) (Circulator Municipality) (Circulator Street name and Number) (Circulator Municipality)	o. Darlene Imacils	Douba mont		Village	1
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nally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed er with full knowledge of its content on the date indicated opposite his other name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.		, (523			
	onally circulated this recall petition and personally of per with full knowledge of its content on the date inc	btained each of the signatures on this paper. I know that	the signers are electors of the jurisdiction or district represented by the	officeholder named in this petition. I know the	hat each person signed

(Day)

(Month)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Madison, \ THE MUNICIPALITY USED FOR MAJLING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING DATE OF SIGNING CON NAME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE Rural address must also include box or fire no. (Also Indicate Town, City, or Village) Email ☐ Village ☐ City Phone Email □ Town ₩ Village 11/11/-- 11

	Street: 01303 CTEW 504 110.	_ LI City	// // 0 /20_//	
Sign Houry Dehumain		Cross Plains	(Month) (Day) (Year)	Phone
Sign Composition Significant S	cis: Cross Plains zip: 53528	(Municipality Name)		('
3.				Email
Pria Maureen Harnez-Lazar		☐ Town Village		
	Street: 133 S. Beebe &	City	11/16/20//	Phone
Harry Jan		Morshall	(Month) (Day) (Year)	Phone
Sigs:	City: Marshall Zip: 53557	(Municipality Name)		(
4.		□ Town		Email
Print: Dave Friedman		□ Village ★City		
	Street: 7106 Fortune Dr. #15	Middleton	11/16/20//	Phone
Sign: Den Fri		(Municipality Name)	(Month) (Day) (Year)	Filone
	city: Middleton zip: 53562			(
5.		□ Town		Email
5. Karen agee	6631 Columbus Dr	□ Village		
	Street:	Middleton	11/16/20//	-
Sien: Karen Gr		(Municipality Name)	(Month) (Day) (Year)	Phone
Sign:	Middleton zin 53542	(Marie party Carte)		(
	Certification of Circulator			
LELLEN E. WALFOORT	certify): I reside at 7106 FORTUNE DR # 23	MIDDLETON		
(Printed Name of Circulator)	(Circulator's Residence – Street Name and Nu			Circulators , Please include your c
I namanally airculated this would notition and namanally sh	stained each of the circustines on this name. I know that the circust are classes	or of the insindiation or district supposerted by the		Phone
	stained each of the signatures on this paper. I know that the signers are elector			1/20

recall petition. I am aware that falsifying this certification is punishable under \$.12.13(3)(a). Wis. Stats.

(Month)

Return by

Committee

PO Box 25